

DEPARTMENT OF SOCIAL SERVICES  
744 P Street, Sacramento, CA 95814



October 4, 1990

ALL COUNTY LETTER NO. 90-94

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: AFDC REDUCED INCOME SUPPLEMENTAL PAYMENTS

REFERENCE: MPP 44-400 - 44-403  
ACL 86-110, ACL 86-122, ACL 87-30, ACL 87-128

The purpose of this letter is to transmit to County Welfare Departments a revised Reduced Income Supplemental Payment Request (RISP), CA 40 (8/90). The revised form is required to be in use by November 1, 1990.

The computation on the CA 40 has been revised in order to ensure the accuracy of the RISP calculation in situations involving a loss of earned income disregards in the budget month due to late reporting or job quit without good cause. It has come to our attention that the computation on the CA 40 (Rev. 7/87) may result in an inaccurate computation in situations involving Zero Basic Grant (ZBG) payment months due to the loss of income disregards.

MPP 44-402.211 & .212 require that when determining available income in the RISP month, any disregard amounts disallowed due to late reporting or a job quit in the budget month shall be used when computing the RISP. The CA 40 computation previously made this adjustment by adding back the disallowed income disregards when computing available income in the RISP month. We have determined that the most accurate way to compute the RISP in these situations is to recompute the grant amount by allowing the disregards. The CA 40 has been revised to incorporate the recomputation of the grant as a step in the RISP computation.

Attached is a reproducible copy of the revised CA 40 (8/90). In addition to the computation changes, several other changes have been made. The changes are as follows:

- o Question #4 on the old version is now Question #1;
- o Question #3 has been reformatted;

- o A place for Worker Name and Phone number has been added after the phrase "Questions? Ask your worker" immediately below the address box; and
- o Instructions for completion of the RISP computation are included on the back of the form.

Please note that overpayment adjustments are not included when computing the RISP in accordance with MPP 44-402.214. The amount of court-ordered support payments **paid** in the budget month is to be deducted in the budget month earnings section (Section A). The amount of court-ordered support **paid** in the RISP request month is to be deducted in the RISP Month Available Income section (Section D).

### **STOCK**

Current stock of the CA 40 (7/87) will be depleted as of September 30, 1990. New stock is expected in the State Department of Social Services' (SDSS) Warehouse by October 1, 1990. Counties are advised to destroy the old stock by October 31, 1990. Form orders should be submitted to the SDSS Warehouse according to normal procedures.

For RISP requests which are received in November, the calculation format found on the new CA 40 (8/90) must be used. In instances when the prior version of the CA 40 was sent with the CA 7, Monthly Eligibility Report, or when a recipient returns an older version of the CA 40 in November, the prior form is acceptable provided that the computation follows the format on the new version.

For counties that print stock, a camera-ready copy of the CA 40 (8/90) can be requested from the Forms Management Bureau at (916) 322-8738 or ATSS 492-8738.

### **NOTICE OF ACTION MESSAGES**

Notice of Action (NOA) message numbers M44-401A and M44-401B have also been changed in order to reflect the RISP computation changes. A copy of the revised messages is included as an attachment with this letter.

### **TRANSLATIONS**

The CA 40 and NOA messages will be translated into Spanish, Cambodian, Chinese, Lao and Vietnamese. The Asian language translations will follow under separate cover from the Language Services Bureau. The Spanish translations will be transmitted by the Welfare Policy Implementation Bureau as soon as they are available.

If you have any questions regarding the implementation or interpretation of the RISP regulations please call Jim Mullany of the Welfare Policy Implementation Bureau at (916) 445-7884 or ATSS (8) 485-7884. If you have any comments regarding the CA 40, please call LeAnne Torres at (916) 324-2016 or ATSS (8) 454-2016. If you have any questions regarding the NOA messages, please call Dennis Ragasa at (916) 324-2658 or ATSS (8) 454-2658.

Sincerely,



ROBERT A. HOREL  
Deputy Director

Attachment

cc: CWDA

**AFDC - REDUCED INCOME SUPPLEMENTAL PAYMENT REQUEST**

YOU MAY GET EXTRA MONEY IF THE COUNTY IS COUNTING INCOME AGAINST YOUR CASH AID AND THAT INCOME HAS DROPPED OR STOPPED.

- You must use this form to ask for the extra money.
- You must apply in the month that you need the extra money, not before or after.
- You must complete and return a separate form during each month that the county is counting income that has dropped or stopped against your Cash Aid.
- You can get only one extra payment per month.
- If you get extra money, your food stamp benefits may be affected.

The county must determine your eligibility for extra money within 7 working days after the date this completed form is received. If you don't need the form now, keep it for later.

Questions? Ask your worker.

Worker Name:

Phone:

**1. Complete the following:**

CASE NAME	YOUR SOCIAL SECURITY NUMBER
CASE NUMBER	WORKER NAME/NUMBER

**2. We want extra money for \_\_\_\_\_ (MONTH). In this month we expect the following income and expenses:**

**INCOME**

Gross Earnings \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_

List Source: \_\_\_\_\_

**EXPENSES**

Dependent Care Cost \$ \_\_\_\_\_

Child/Spousal Support Cost \$ \_\_\_\_\_

**3. Explain about the income that dropped or stopped. Complete below:**

What Income Changed?	When?	Why Did It Change?

**4. Attach proof of the change in income (Job Termination Notice, SSA/DIB/UIB Notices, Statements, etc.) If you have no proof, list the employer or agency that can be contacted:**

EMPLOYER/AGENCY \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

**CERTIFICATION**

- I understand that the statements I have made on this form are subject to investigation and verification including contacting the above named person, employer or agency.
- I further declare under penalty of perjury under the laws of the United States of America and the State of California that the statements I have given on this form are true and correct to the best of my knowledge.
- I authorize the county to obtain any verification of income and circumstances necessary to process this request. This authorization is valid for 30 days from the date signed.

SIGNATURE \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

SIGNATURE OF SPOUSE OR OTHER ADULT RECIPIENT \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

**COUNTY USE ONLY**

DATE POSTMARKED \_\_\_\_\_

SUPPLEMENTAL MONTH: \_\_\_\_\_

**A. BUDGET MONTH COMPUTATION FOR GROSS EARNINGS**

1. Gross Earnings \$ \_\_\_\_\_  
(NOTE: If disregards not allowed due to late CA 7/SAWS 7 or job quit without good cause, refigure Budget Month allowing them).
2. W/E Disregard - \_\_\_\_\_
3. \$30 + 1/3 and \$30 Disregards - \_\_\_\_\_
4. Dep. Care Disregard - \_\_\_\_\_
5. Court Ordered Support Paid - \_\_\_\_\_
6. Net Earnings \$ \_\_\_\_\_

**B. RISP MONTH GRANT AMOUNT**

1. MAP (exclude special needs) \$ \_\_\_\_\_
2. Net Earnings from Budget Month (Item A6) - \_\_\_\_\_
3. Other Countable Income from Budget Month - \_\_\_\_\_
4. Grant Amount \$ \_\_\_\_\_  
(With no overpayment adjustment)

**C. RISP MONTH ESTIMATED EARNINGS**

1. Gross Earnings \$ \_\_\_\_\_
2. W/E Disregard - \_\_\_\_\_
3. Dep. Care Disregard - \_\_\_\_\_
4. Net Available Earned Income \$ \_\_\_\_\_

**D. RISP MONTH AVAILABLE INCOME**

1. Grant Amt. (Item B4) \$ \_\_\_\_\_
2. Net Available Earned Income (Item C4) + \_\_\_\_\_
3. Other Estimated Countable Income + \_\_\_\_\_
4. Child/Spousal Support Disregards + \_\_\_\_\_
5. Court Ordered Support Paid - \_\_\_\_\_
6. Total Available Income \$ \_\_\_\_\_

**E. RISP PAYMENT**

1. 80% of MAP \$ \_\_\_\_\_
2. Total Available Income (Item D6) - \_\_\_\_\_
3. RISP Payment \$ \_\_\_\_\_

☐ APPROVED ☐ DENIED

EW SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

On this form, disclosure of your Social Security Number (SSN) is voluntary. The SSN will be used to identify you and your records. If we cannot identify you, you may not get any extra money.

## FORM INSTRUCTIONS FOR THE ELIGIBILITY WORKER

### REDUCED INCOME SUPPLEMENTAL PAYMENT (CA 40) RISP (MPP 44-402.1 through 44.402.6)

#### Purpose

The CA 40 is used to gather enough information from the AFDC recipient to be able to make a RISP determination. It also serves to document the RISP computation in the County Use Only section.

#### Preparation

The recipient must complete the CA 40 in the month that their income drops or stops by completing the identifying information in Question #1, and the remaining questions through #4. The recipient is required to read the certification section and sign under Penalty of Perjury that their statements are true and correct.

#### Computation of the RISP Payment - County Use Only

##### A. Budget Month Computation for Gross Earnings

Enter:

1. The Gross Earnings received in the Budget Month.
2. The Work Expense Disregard.
3. The \$30 + 1/3 and \$30 Disregards (if eligible).
4. The Dependent Care Disregard Paid.
5. Court Ordered Support Paid.
6. The Net Earnings computed from the Budget Month.

**Note:** The Work Expense Disregard, the \$30 + 1/3 and \$30 Disregards and the Dependent Care Disregard will be entered in Section A even if it was not previously allowed due to the county's receipt of a late CA 7/SAWS 7 or due to a job quit without good cause.

##### B. RISP Month Grant Amount

Enter:

1. The MAP amount for the RISP Month excluding any special need amounts (ie: recurring and non-recurring special needs and the pregnancy special need).
2. Other Countable Income such as: UIB, Social Security Benefits, disability payments, etc., from the Budget Month.
3. Net Earnings from Item A6.
4. The Grant Amount for the RISP Month.

##### C. RISP Month Estimated Earnings

Enter:

1. The Gross Estimated Earned Income for the RISP Month.
2. The Work Expense Disregard.
3. The Dependent Care Disregard.
4. The Net Available Earned Income Estimated for the RISP Month.

##### D. RISP Month Available Income

Enter:

1. The Payment Month Grant Amount from Item B4.
2. The Payment Month Available Net Earned Income from Item C4.
3. Other Estimated Countable Income received or expected to be received in the RISP Month.
4. Child Support Disregards. This includes the amount disregarded from direct child/spousal support payments received or expected to be received by the recipient and/or support disregard payments received or expected to be received from the CWD in the RISP Month.
5. Court Ordered Support Paid.
6. Total Available Income received and/or expected in the RISP Month.

##### E. RISP Payment

Enter:

1. 80% of MAP in the RISP Month excluding any special need amounts.
2. Total Available Income from Item D6.
3. RISP eligible payment amount.

#### IMPORTANT INFORMATION

##### OVERPAYMENT ADJUSTMENTS

Prior to beginning the RISP process, suspend and supplement any overpayment adjustments for purposes of computing the RISP Month Grant Amount in accordance with MPP Section 40-402.214. (The amount that would be adjusted to recover an overpayment shall not be adjusted when computing the RISP).

##### COURT ORDERED SUPPORT PAID BY THE RECIPIENT

The amount of court ordered support payments paid shall be deducted in the Budget Month recomputation and also in the RISP Month Available Income section. The amount of the support deduction and the period of time over which it is allowed as a deduction shall be made in accordance with MPP Section 44-113.9.

State of Califor. a  
Department of Social Services

Auto ID No. : XXXXXX  
Flow Chart No. : IVJ2 #99  
Source : RISP  
Regulation Cite: 44-401.2

Manual Msg. No.: M44-401A  
Action : Approve  
Reason: Hardship Supplement  
Title: Supplemental Payment  
Form No. : NA290  
Effective Date : 01/01/87  
Revision Date : 08/23/90

MESSAGE: The County has approved your application for a reduced income supplemental payment dated \_\_\_\_\_.

The amount of your supplement is figured on this notice.

You must apply for a supplemental payment in each month you think you should get it.

Supplemental Payment Amount for \_\_\_\_\_

Estimated Gross Earnings	\$ _____
Work Expense Disregard	- _____
Dependent Care Disregard	- _____
Net Available Earned Income	= _____
Aid before O/P Adjustment	+ _____
Other Estimated Income	+ _____
Child/Spousal Disregard	+ _____
Court Ordered Support Paid	- _____
Total Available Income	= _____
80% of MAP	\$ _____
Total Available Income	- _____
RISP Payment	= _____

INSTRUCTIONS: Use to notify an AU that its request for a hardship supplemental payment has been approved.

Fill in the postmark date or date of county receipt of the request for RISP (MPP Section 44-401). Fill in the month for which supplemental payment is requested.

The element "Aid before O/P Adjustment" must incorporate all allowable Income Disregards for the client.

Complete the computation.

State of California  
Department of Social Services

Manu Msg. No.: M44-401B  
Action : Deny  
Reason: Hardship Supplement  
Title: Income Over 80% of MAP  
Form No. : NA290  
Effective Date : 01/01/87  
Revision Date : 08/23/90

Auto ID No. : XXXXXX  
Flow Chart No. : IVJ2 #99  
Source : RISP  
Regulation Cite: 44-401.22

MESSAGE: The County has denied your application for a reduced income supplemental payment dated \_\_\_\_\_.

Here's why:

Your "total available income" this month is more than 80% of the basic aid you would get if you had no income.

Your total available income and 80% of your basic aid amount are figured on this notice.

Estimated Gross Earnings	\$ _____
Work Expense Disregard	- _____
Dependent Care Disregard	- _____
Net Available Earned Income	= _____
Aid before O/P Adjustment	+ _____
Other Estimated Income	+ _____
Child/Spousal Disregard	+ _____
Court Ordered Support Paid	- _____
Total Available Income	= _____
80% of MAP	\$ _____
Total Available Income	- _____
RISP Payment	= _____

INSTRUCTIONS: Use to deny a request when the net available income exceeds 80% of MAP.

Fill in the postmark date or the date of county receipt of the request for RISP (MPP Section 44-401.232).

The element "Aid before O/P Adjustment" must incorporate all allowable Income Disregards for the client.

Complete the computation.